Subnut 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Buttom of Page

OIL CONSERVATION DIVISION P.O. Box 2089

Santa Fe, New Mexico/87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TO	TRANS	SPORT OIL	AND NA	TURAL G					
Persitor AMOCO PRODUCTION COMPANY					Weil API No. 300392076900					
Address P.O. BOX 800, DENVER,	COLORADO	80201								
Reason(s) for Liling (Check proper box)	COLORIDO			Oth	es (l'lease expl	lain)				
New Well	Cha Oil	nge in 19/12 Dr	nsporter of:							
Recompletion [] Change in Operator []	Casinghead Ga		,							
f change of operator give name and address of previous operator										
I. DESCRIPTION OF WELL	AND LEASE									
SAN JUAN 28 7 UNIT	We	I No. Po	ol Name, Includi ASIN DAKO	ng Formation PTA (PRORATED GAS)			Kind of Lease Lease No. State, Federal or Fee			
Location N Unit Letter	810	Fe	et From The	FSL Lin	1 1 e and	750	Feet From The	FWL	Line	
26	28N 7W			, NMPM,			RIO ARRIBA County			
Section Townshi	Ρ	Ka	nge	, N	MPM,				Coding	
III. DESIGNATION OF TRAN				RAL GAS						
Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)					
MERIDIAN OIL INC. Name of Authorized Transporter of Casinghead Gas or Dry Gas					3535 EAST 30TH STREET, FARMINGTON, NM 87401 Address (Give address to which approved copy of this form is to be sent)					
EL PASO NATURAL GAS CO				P.O. BOX 1492, EL PASO						
If well produces oil or liquids, give location of tanks.	Unit Sec	i_	<u>i</u>	is gas actual	y connected?		hea ?			
I this production is commingled with that	from any other le	ase or poo	l, give commingl	ing order num	ber:					
IV. COMPLETION DATA	_{lo}	il Well	Gas Well	New Well	Workover	Deepo	n Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion		4 44611	1	1		i	i		<u>i</u>	
Date Spudded	Date Compl. R	cady to Pro	od.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations	<u> </u>				(E)	E O I	Denth Casing	Slice		
	THE	ING C	ASING AND	CEMENT	NG RECO	KD lig (C 11 10 15	1		
HOLE SIZE	CASING & TUBING SIZE				DEPTHSE		_4-4-4-4	CKS CEM	NT	
					7,00%					
				Oil CO			id inv			
				71/07			TF 2	7		
V. TEST DATA AND REQUE	ST FOR ALI	OWAB	LE .					C !! 24 L	1	
OIL WELL (Test must be after	7	volume of l	oad oil and must	be equal to o	r exceed top at fethod (Flow, p	llowable jo pwnp. eas i	r this depth or be Jo lift, etc.)	r jui 24 nou	rs.)	
Date First New Oil Run To Tank	Date of Test			1 todacing is	, realise (1 10 m)	,,,,,,	· • · · · · · · ·			
Length of Test	Tubing Pressur	Tubing Pressure			aire		Choke Size			
				N. P.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.						
GAS WELL								-		
Actual Prod. Test - MCI/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
	100000 000000 0000000			Casing Pressure (Shut-in)			Qioke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Piessure (Sinu-in)						
VI. OPERATOR CERTIFIC						NSEE	Ι ΙΛΟΙΤΑΥΙ	אוצוכ	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION					
is true and complicte to the best of my knowledge and belief.					Date Approved AUG 2 3 1990					
Nil M.					Date Approved					
Signature					By Bull Chang					
Signature Doug W. Whaley, Staff Admin. Supervisor Title				SUPERVISOR DISTRICT #3						
Printed Name July 5. 1990				Title	9					
Date		Teleph	0=4280 ione No.	11						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells,
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells,